

| | |
|--|--|
| Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email Benjamin Heston Bar Number: 297798 Nexus Bankruptcy 100 Bayview Circle #100 Newport Beach, CA 92660 Phone: (951) 290-2827 Email: ben@nexusbk.com <input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s) | FOR COURT USE ONLY |
| United States Bankruptcy Court Central District of California - Riverside Division | |
| In re: Jacklyn Christine Zamayoa | CASE NO.: CHAPTER: Chapter 7 |
| | DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)] |
| Debtor(s). | [No hearing required] |

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 12/14/2022

Jacklyn Christine Zamayoa
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

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ZAMAYOR, JACKLYN C

Pay Date: 10/07/2022
Period Start: 09/16/2022
Period End: 09/30/2022

Company: OHS91 - HAVEN GALLERY
DBA: THE SCHOOL OF ARTS AND ENTERPRISE
295 N GAREY AVE
POMONA CA 91767 (909) 622-0699

Emp #: 1553
Dept: 1100 - Teachers' Salaries
Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date |
|-----------------|-------|-------------|----------------|--------------|
| Earnings | | | | |
| Regular | 31.49 | 62.67 | 1973.08 | 9655.51 |
| Sick (Aug) | 31.49 | 24.00 | 755.65 | 1259.41 |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 |

**Denotes an override during payroll processing.*

| | | | |
|---------------------------|--------------|----------------|-----------------|
| Gross | 86.67 | 2728.73 | 11214.92 |
| W/H Taxes | | | |
| Federal W/H(M) | | 132.41 | 576.96 |
| Medicare | | 37.75 | 157.18 |
| Social Security | | 0.00 | 0.00 |
| California State W/H(S/O) | | 86.09 | 379.07 |
| CaliforniaSDI Tax | | 28.64 | 119.24 |

| | | | |
|---------------------|--|--------|---------|
| Deductions | | | |
| Dental PPO 2000 | | 9.02 | 27.06 |
| EESTRS_P | | 278.47 | 1144.49 |
| Kaiser HMO High Med | | 114.39 | 343.17 |
| Summer Hold Back | | 218.30 | 897.20 |
| UNIONDUES | | 46.81 | 187.24 |
| VSP Vision | | 1.54 | 4.62 |

Net Pay **1775.31** **7378.69** Voucher No. 417099048DD

Net Pay Distribution

Direct Deposit Net Check 1775.31 7378.69 A/C:7174

| Employee Benefits, Allowances, and Other | Current Period | Year To Date | YTD Taken | Available |
|--|----------------|--------------|------------|-----------|
| Basic Life Memo * | 2.93 | 8.79 | *Memo Only | |
| ERSTRS_P * | 521.19 | 2142.06 | *Memo Only | |
| Employer Dental Contribution * | 21.03 | 63.09 | *Memo Only | |
| Employer Vision Contribution * | 3.58 | 10.74 | *Memo Only | |
| Kaiser Employer Contribution * | 266.92 | 800.76 | *Memo Only | |
| Sick (August) Hours | 0.00 | 128.00 | 40.00 | 88.00 |

Pay Date: 10/26/2022

Period Start: 10/01/2022

Period End: 10/15/2022

Company: OHS91 - HAVEN GALLERY

DBA: THE SCHOOL OF ARTS AND ENTERPRISE

295 N GAREY AVE

POMONA CA 91767 (909) 622-0699

Emp #: 1553

Dept: 1100 - Teachers' Salaries

Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date | |
|--|----------------|--------------|-----------------------|---------------------|----------------------------|
| Earnings | | | | | |
| Regular | 31.49 | 82.67 | 2602.79 | 12258.30 | |
| Sick (Aug) | 31.49 | 4.00 | 125.94 | 1385.35 | |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 | |
| <i>*Denotes an override during payroll processing.</i> | | | | | |
| | | | | | |
| | Gross | 86.67 | 2728.73 | 13943.65 | |
| W/H Taxes | | | | | |
| Federal W/H(M) | | | 132.41 | 709.37 | |
| Medicare | | | 37.76 | 194.94 | |
| Social Security | | | 0.00 | 0.00 | |
| California State W/H(S/O) | | | 86.09 | 465.16 | |
| CaliforniaSDI Tax | | | 28.64 | 147.88 | |
| Deductions | | | | | |
| Dental PPO 2000 | | | 9.02 | 36.08 | |
| EESTRS_P | | | 278.47 | 1422.96 | |
| Kaiser HMO High Med | | | 114.39 | 457.56 | |
| Summer Hold Back | | | 218.30 | 1115.50 | |
| UNIONDUES | | | 46.81 | 234.05 | |
| VSP Vision | | | 1.54 | 6.16 | |
| | | | | | |
| | Net Pay | | 1775.30 | 9153.99 | Voucher No. 420900822DD |
| Net Pay Distribution | | | | | |
| Direct Deposit Net Check | | | 1775.30 | 9153.99 | A/C:7174 |
| Employee Benefits, Allowances, and Other | | | | | |
| | | | Current Period | Year To Date | YTD Taken Available |
| Basic Life Memo * | | | 2.93 | 11.72 | *Memo Only |
| ERSTRS_P * | | | 521.19 | 2663.25 | *Memo Only |
| Employer Dental Contribution * | | | 21.03 | 84.12 | *Memo Only |
| Employer Vision Contribution * | | | 3.58 | 14.32 | *Memo Only |
| Kaiser Employer Contribution * | | | 266.92 | 1067.68 | *Memo Only |
| Sick (August) Hours | | | 0.00 | 128.00 | 44.00 84.00 |

Pay Date: 11/10/2022

Period Start: 10/16/2022

Period End: 10/31/2022

Company: OHS91 - HAVEN GALLERY

DBA: THE SCHOOL OF ARTS AND ENTERPRISE

295 N GAREY AVE

POMONA CA 91767 (909) 622-0699

Emp #: 1553

Dept: 1100 - Teachers' Salaries

Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date | |
|--|----------------|--------------|-----------------------|---------------------|----------------------------|
| Earnings | | | | | |
| Regular | 31.49 | 62.67 | 1973.08 | 14231.38 | |
| Sick (Aug) | 31.49 | 24.00 | 755.65 | 2141.00 | |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 | |
| <i>*Denotes an override during payroll processing.</i> | | | | | |
| | Gross | 86.67 | 2728.73 | 16672.38 | |
| W/H Taxes | | | | | |
| Federal W/H(M) | | | 132.41 | 841.78 | |
| Medicare | | | 37.75 | 232.69 | |
| Social Security | | | 0.00 | 0.00 | |
| California State W/H(S/O) | | | 86.09 | 551.25 | |
| CaliforniaSDI Tax | | | 28.64 | 176.52 | |
| Deductions | | | | | |
| Dental PPO 2000 | | | 9.02 | 45.10 | |
| EESTRS_P | | | 278.47 | 1701.43 | |
| Kaiser HMO High Med | | | 114.39 | 571.95 | |
| Summer Hold Back | | | 218.30 | 1333.80 | |
| UNIONDUES | | | 46.81 | 280.86 | |
| VSP Vision | | | 1.54 | 7.70 | |
| | Net Pay | | 1775.31 | 10929.30 | Voucher No. 425000638DD |
| Net Pay Distribution | | | | | |
| Direct Deposit Net Check | | | 1775.31 | 10929.30 | A/C:7174 |
| Employee Benefits, Allowances, and Other | | | | | |
| | | | Current Period | Year To Date | YTD Taken Available |
| Basic Life Memo * | | | 2.93 | 14.65 | *Memo Only |
| ERSTRS_P * | | | 521.19 | 3184.44 | *Memo Only |
| Employer Dental Contribution * | | | 21.03 | 105.15 | *Memo Only |
| Employer Vision Contribution * | | | 3.58 | 17.90 | *Memo Only |
| Kaiser Employer Contribution * | | | 266.92 | 1334.60 | *Memo Only |
| Sick (August) Hours | | | 0.00 | 128.00 | 68.00 60.00 |

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ZAMAYOR, JACKLYN C

Pay Date: 11/23/2022 Company: OHS91 - HAVEN GALLERY Emp #: 1553
 Period Start: 11/01/2022 DBA: THE SCHOOL OF ARTS AND ENTERPRISE
 Period End: 11/15/2022 295 N GAREY AVE Dept: 1100 - Teachers' Salaries
 POMONA CA 91767 (909) 622-0699 Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date |
|-----------------|-------|-------------|----------------|--------------|
| Earnings | | | | |
| Regular | 31.49 | 82.67 | 2602.79 | 16834.17 |
| Sick (Aug) | 31.49 | 4.00 | 125.94 | 2266.94 |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 |

*Denotes an override during payroll processing.

| | | | |
|---------------------------|--------------|----------------|-----------------|
| Gross | 86.67 | 2728.73 | 19401.11 |
| W/H Taxes | | | |
| Federal W/H(M) | | 132.41 | 974.19 |
| Medicare | | 37.76 | 270.45 |
| Social Security | | 0.00 | 0.00 |
| California State W/H(S/O) | | 86.09 | 637.34 |
| CaliforniaSDI Tax | | 28.65 | 205.17 |

| | | | |
|---------------------|--|--------|---------|
| Deductions | | | |
| Dental PPO 2000 | | 9.02 | 54.12 |
| EESTRS_P | | 278.47 | 1979.90 |
| Kaiser HMO High Med | | 114.39 | 686.34 |
| Summer Hold Back | | 218.30 | 1552.10 |
| UNIONDUES | | 46.81 | 327.67 |
| VSP Vision | | 1.54 | 9.24 |

Net Pay **1775.29** **12704.59** Voucher No. 427390431DD

Net Pay Distribution

Direct Deposit Net Check 1775.29 12704.59 A/C:7174

| Employee Benefits, Allowances, and Other | Current Period | Year To Date | YTD Taken | Available |
|--|----------------|--------------|------------|-----------|
| Basic Life Memo * | 2.93 | 17.58 | *Memo Only | |
| ERSTRS_P * | 521.19 | 3705.63 | *Memo Only | |
| Employer Dental Contribution * | 21.03 | 126.18 | *Memo Only | |
| Employer Vision Contribution * | 3.58 | 21.48 | *Memo Only | |
| Kaiser Employer Contribution * | 266.92 | 1601.52 | *Memo Only | |
| Sick (August) Hours | 0.00 | 128.00 | 72.00 | 56.00 |

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ZAMAYOR, JACKLYN C

Pay Date: 12/09/2022 Company: OHS91 - HAVEN GALLERY Emp #: 1553
 Period Start: 11/16/2022 DBA: THE SCHOOL OF ARTS AND ENTERPRISE
 Period End: 11/30/2022 295 N GAREY AVE Dept: 1100 - Teachers' Salaries
 POMONA CA 91767 (909) 622-0699 Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date | |
|--|-------|--------------|-----------------------|---------------------|----------------------------|
| Earnings | | | | | |
| Regular | 31.49 | 86.67 | 2728.73 | 19562.90 | |
| Sick (Aug) | 31.49 | 0.00 | 0.00 | 2266.94 | |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 | |
| STIPENDSN | | | 0.00 | 2500.00 | |
| <i>*Denotes an override during payroll processing.</i> | | | | | |
| Gross | | 86.67 | 2728.73 | 24629.84 | |
| W/H Taxes | | | | | |
| Federal W/H(M) | | | 132.41 | 1259.98 | |
| Medicare | | | 37.75 | 344.45 | |
| Social Security | | | 0.00 | 0.00 | |
| California State W/H(S/0) | | | 86.09 | 824.90 | |
| CaliforniaSDI Tax | | | 28.64 | 261.31 | |
| Deductions | | | | | |
| Dental PPO 2000 | | | 9.02 | 63.14 | |
| EESTRS_P | | | 278.47 | 2258.37 | |
| Kaiser HMO High Med | | | 114.39 | 800.73 | |
| Summer Hold Back | | | 218.30 | 1770.40 | |
| UNIONDUES | | | 46.81 | 374.48 | |
| VSP Vision | | | 1.54 | 10.78 | |
| Net Pay | | | 1775.31 | 16661.30 | Check No. 412520146 |
| Net Pay Distribution | | | | | |
| Payroll Net Check | | | 1775.31 | 16661.30 | A/C: |
| Employee Benefits, Allowances, and Other | | | | | |
| | | | Current Period | Year To Date | YTD Taken Available |
| Basic Life Memo * | | | 2.93 | 20.51 | *Memo Only |
| ERSTRS_P * | | | 521.19 | 4226.82 | *Memo Only |
| Employer Dental Contribution * | | | 21.03 | 147.21 | *Memo Only |
| Employer Vision Contribution * | | | 3.58 | 25.06 | *Memo Only |
| Kaiser Employer Contribution * | | | 266.92 | 1868.44 | *Memo Only |
| Sick (August) Hours | | | 0.00 | 128.00 | 72.00 56.00 |

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ZAMAYOR, JACKLYN C

Pay Date: 12/09/2022 Company: OHS91 - HAVEN GALLERY Emp #: 1553
 Period Start: 11/16/2022 DBA: THE SCHOOL OF ARTS AND ENTERPRISE
 Period End: 11/30/2022 295 N GAREY AVE Dept: 1100 - Teachers' Salaries
 POMONA CA 91767 (909) 622-0699 Pay Basis: Salary

| | Rate | Hours/Units | Current Period | Year To Date |
|-----------------|-------|-------------|----------------|--------------|
| Earnings | | | | |
| Regular | 31.49 | 86.67 | 2728.73 | 19562.90 |
| Sick (Aug) | 31.49 | 0.00 | 0.00 | 2266.94 |
| ADDPAYR | 25.00 | 0.00 | 0.00 | 300.00 |
| STIPENDSN | | | 0.00 | 2500.00 |

*Denotes an override during payroll processing.

| | | | |
|---------------------------|--------------|----------------|-----------------|
| Gross | 86.67 | 2728.73 | 24629.84 |
| W/H Taxes | | | |
| Federal W/H(M) | | 132.41 | 1259.98 |
| Medicare | | 37.75 | 344.45 |
| Social Security | | 0.00 | 0.00 |
| California State W/H(S/0) | | 86.09 | 824.90 |
| CaliforniaSDI Tax | | 28.64 | 261.31 |

| | | | |
|---------------------|--|--------|---------|
| Deductions | | | |
| Dental PPO 2000 | | 9.02 | 63.14 |
| EESTRS_P | | 278.47 | 2258.37 |
| Kaiser HMO High Med | | 114.39 | 800.73 |
| Summer Hold Back | | 218.30 | 1770.40 |
| UNIONDUES | | 46.81 | 374.48 |
| VSP Vision | | 1.54 | 10.78 |

Net Pay **1775.31** **16661.30** Check No. 412520146

Net Pay Distribution

Payroll Net Check 1775.31 16661.30 A/C:

| Employee Benefits, Allowances, and Other | Current Period | Year To Date | YTD Taken | Available |
|--|----------------|--------------|------------|-----------|
| Basic Life Memo * | 2.93 | 20.51 | *Memo Only | |
| ERSTRS_P * | 521.19 | 4226.82 | *Memo Only | |
| Employer Dental Contribution * | 21.03 | 147.21 | *Memo Only | |
| Employer Vision Contribution * | 3.58 | 25.06 | *Memo Only | |
| Kaiser Employer Contribution * | 266.92 | 1868.44 | *Memo Only | |
| Sick (August) Hours | 0.00 | 128.00 | 72.00 | 56.00 |